COVER PAGE AREA CODE/PHONE 805-619-0566 For Official Use Only 9 ğ Quarterly Statement Special Odd-Year Report Page 1 ZIP CODE 93458 STATE Date Stamp CA(Also file a Form 410 Termination) Amendment (Explain below) NAME OF ASSISTANT TREASURER, IF ANY 124 W. Main Street, Suite D Oscar Alejandro Escobedo Semi-annual Statement Termination Statement Preelection Statement Date of election if applicable: (Month, Day, Year) Type of Statement: NAME OF TREASURER MAILING ADDRESS MAILING ADDRESS Freasurer(s) Santa Maria 'n Statement covers period AREA CODE/PHONE Primarily Formed Ballot Measure 805-619-0566 Primarily Formed Candidate/ 06/30/2021 01/01/2021 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Officeholder Committee Committee

Controlled

Sponsored (Also Complete Part 7) (Also Complete Part 6) through I.D. NUMBER 1424210 Carlos Escobedo for Santa Maria City Council District 1 2020 from ZIP CODE 93458 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) COLA OF ENKLY DELICE S UNG SOST PAP:00 STATE Officeholder, Candidate Controlled Committee Ostate Candidate Election Committee C_{A} State Candidate Election Committee Sponsored
Small Contributor Committee
Political Party/Central Committee General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Comm Recipient Committee 124 W. Main Street, Suite D Campaign Statement Committee Information STREET ADDRESS (NO P.O. BOX) SEE INSTRUCTIONS ON REVERSE (Also Complete Part 5) **Cover Page** Santa Maria Recall N

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Verification

OPTIONAL: FAX / E-MAIL ADDRESS

have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I 4 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

AREA CODE/PHONE

ZIP CODE

STATE

AREA CODE/PHONE

2IP CODE

STATE

CITY

OPTIONAL: FAX / E-MAIL ADDRESS

08/02/2021	BV
Executed Oil Date	Signature of Tigasurey or Assistant Typicurer
08/02/2021	
Executed on Date	Synature of Controlling Officeholder, Candidate, State Measure Proponent or Reponsible Officer of Sponsor:
Executed on	Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on	Ву
Date	Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Recipient Committee Campaign Statement Cover Page — Part 2

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2 of 6	OBN MINIO	COVER PAGE - PART 2
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Officeholder or Candidate Controlled Committee	ttee	6. Primarily Formed Ballot Measure Committee	Measure Committe	e l	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
Carlos Escobedo					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	CT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT	ŘT
City Council Member: City of Santa Maria District 1				OPPOSE	μ̈́
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	Y STATE ZIP				
1010 W. Alvin Avenue S	Santa Maria CA 93458	Identify the controlling officeholder, candidate, or state measure proponent, if any.	older, candidate, or stat	e measure proponent, if	any.
		NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	DIDATE, OR PROPONENT		
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive	ement: List any committees re primarily formed to receive	OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY	
COMMITTEE NAME					
NAME OF TREASURER	CONTROLLED COMMITTEE?	 Primarily Formed Candidate/Officeholder Committee List officeholder(s) or candidate(s) for which this committee is primarily formed. 	late/Officeholder C r which this committee is	med Candidate/Officeholder Committee List names of candidate(s) for which this committee is primarily formed.	of,
COMMITTEE ADDRESS STREET ADDRESS (NO PO. BOX)		NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT
				00	OPPOSE
OTATE AFF CODE	OR AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT
COMPANY	I.D. NOMBER	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	
					OPPOSE
NAME OF IREASURER	TED C	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	X) [OPPOSE
CITY STATE ZIP CODE	DE AREA CODE/PHONE	Attach	Attach continuation sheets if necessary	INCOCCON!	

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sclosure Sta	af.
Campaign Dis	Summary Pac

Amounts may be rounded to whole dollars.

Stateme	Statement covers period	CALIFORNIA ACO
from 0	01/01/2021	FORM 400
through	06/30/2021	Page 3 of 6

SEF INSTRUCTIONS ON REVERSE	<u>\$</u>	through 06/30/2021	Page 3 of 6
NAME OF FILER Carlos Escobedo for Santa Maria City Council District 1 2020			I.D. NUMBER 1424210
Contributions Received Contributions Received (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Sum Running in Both th	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	\$ 723.85 0.00 \$ 723.85 0.00 \$ 723.85	General Elections 1/1 t 20. Contributions Received \$ 21. Expenditures Made \$	1/1 through 6/30 7/1 to Date \$
Expenditures Made 6. Payments Made 7. Loans Made 8. Subarottal Cash PayMents 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE 12. Beginning Cash Balance 13. Cash Receipts 14. Miscellaneous increases to Cash 15. Cash Payments 16. ENDING CASH BALANCE 17. LOAN GUARANTEES RECEIVED 17. LOAN GUARANTEES RECEIVED 18. Schedule E. Line 4 8. 69.17 9. 0.00 9. Accrued Expenses (Unpaid Bills) 9. Accrued Expenses (Unpaid Bills) 9. Accrued Expenses (Unpaid Bills) 9. Accrued Expenses (Line 3 9. O.00 10. Nonmonetary Adjustment 10. Nonmonetary Adjustment 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE 12. Beginning Cash Balance 13. Cash Receipts 14. Miscellaneous increases to Cash 15. Cash Payments 16. ENDING CASH BALANCE 17. LOAN GUARANTEES RECEIVED 17. LOAN GUARANTEES RECEIVED 17. LOAN GUARANTEES RECEIVED 17. LOAN GUARANTEES RECEIVED 18. 69.17 19. 69.17 19. 69.17 10.00 10	\$ 69.17 0.00 0.00 0.00 0.00 0.00 0.00 4 69.17 To calculate Column B, add amounts in Column B, amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	<u>.</u> 9	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
18. Cash Equivalents \$\frac{10.00}{0.00}\$ 19. Outstanding Debts \$\frac{10.00}{0.00}\$		FPPC Advice: ad	FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Mone Schedule A

Amounts may be rounded to whole dollars.

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Monetary	Monetary Contributions Received			Statement covers period from 01/01/2021		CALIFORNIA 460
SEE INSTRUCTIO	SEE INSTRUCTIONS ON REVERSE			through 06/30/2021	2021	Page 4 of 6
NAME OF FILER Carlos Escobe	AME OF FILER Carlos Escobedo for Santa Maria City Council District 1 2020					I.D. NUMBER 1424210
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	DATE PER ELECTION TO DATE (IF REQUIRED)
04/02/2021	City of Santa Maria 110 E. Cook St. Santa Maria, CA 93454	□ IND □ COM □ PTY □ SCC		723.85	723.85	
		□ IND □ COM □ PTY □ SCC				
		□ IND □ COM □ PTY □ SCC				
		OSCC OSC				
		□ IND □ COM □ OTH □ SCC				
			\$ SUBTOTAL	723.85		
Schedule A 1. Amount rece (Include all S	chedule A Summary Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)		\$ 723.85	.85	*Contri IND – I COM –	*Contributor Codes IND – Individual COM – Recipient Committee
2. Amount rec	Amount received this period – unitemized monetary contributions of less than \$100	ns of less than	\$100\$ 0.00		0TH -	OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee

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mount received this period – unitemized monetary contributions of less than \$100	(Include all Schedule A subtotals.)	 Amount received this period – itemized monetary contributions.

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......TOTAL \$ 723.85

SCHEDULE B - PART 1 Statement covers period

Amounts may be rounded to whole dollars.

CALIFORNIA 460

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Loans Keceived					from 01/01/2021	120	FORM	
SEE INSTRUCTIONS ON REVERSE				#	through 06/30/2021	2021	Page 5	of 6
NAME OF FILER							I.D. NUMBER	
Carlos Escobedo for Santa Maria City Council District 1 2020	District 1 2020						1424210	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(e) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
Carlos Escobedo 1010 W. Alvin Avenue	Outreach Specialist			0.00	\$ 2.000.00	00.00	\$ 2.000.00	2.000.00
Santa Maria, CA 93458	Allan Hancock College	2,000.00	0.00	D FORGIVEN		ጽ ፫ ጠ	07/17/20	PER ELECTION
TE IND □ COM □ OTH □ PTY □ SCC					DATE DUE	2	DATE INCURRED	
				☐ PAID				CALENDAR YEAR
				65	8	% ATA 0	55	8
				☐ FORGIVEN				PER ELECTION**
TO IND COM COTH PTY SCC		69	6	8	DATE DUE	S	DATE INCURRED	8
				☐ PAID				CALENDAR YEAR
				44	8	6	\$	(r)
				☐ FORGIVEN		N N		PER ELECTION**
T IND COM OTH PTY SCC		У	8	6	DATE DUE	S	DATE INCURRED	8
	8	SUBTOTALS \$	0.00	\$ 0.00	\$ 2,000.00	\$ 0.00		
						Estas for Schodule T See 3)	In F Line 3)	

Schedule B Summary

0.00 0.00 8 \$.... (Include loans paid by a third party that are also itemized on Schedule A.) (Total Column (b) plus unitemized loans of less than \$100.) 1. Loans received this period..... (Total Column (c) plus loans under \$100 paid or forgiven.) Loans paid or forgiven this period...... ci

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

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SCC - Small Contributor Committee

(May be a negative number)

OTH - Other (e.g., business entity)

0.00

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Net change this period. (Subtract Line 2 from Line 1.)NET

Enter the net here and on the Summary Page, Column A, Line 2.

<u>ო</u>

PTY - Political Party

(other than PTY or SCC)

COM - Recipient Committee

†Contributor Codes IND - Individual

Payments Made Schedule E

Amounts may be rounded to whole dollars.

from 01/01/2021	Statement covers period

through 06/30/2021

Page _ I.D NUMBER 6

SCHEDULE E

1424210

Carlos Escobedo for Santa Maria City Council District 1 2020

NAME OF FILER

כטב	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.	es the payment, you may enter the code. Other	wise, as	scribe the payment.
CMP	campaign paraphernalia/misc.	MBR member communications	RAD 72	radio airtime and production costs
CNS	CNS campaign consultants	MTG meetings and appearances	RFD z	returned contributions
CTB	contribution (explain nonmonetary)*	OFC office expenses	SAL c	campaign workers' salaries
cVc	civic donations	PET petition circulating	TEL t.	t.v. or cable airtime and production costs
E	candidate filing/ballot fees	PHO phone banks	TRC c	candidate travel, lodging, and meals
	fundraising events	POL polling and survey research		staff/spouse travel, lodging, and meals
N	independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF tr	transfer between committees of the same candidate/sponi
LEG	legal defense	PRO professional services (legal, accounting)	VOT v	voter registration
듸	LIT campaign literature and mailings	PRT print ads	WEB in	WEB information technology costs (internet, e-mail)

; 0.00	SUBTOTAL \$ 0.00	dule D.	*Payments that are contributions or independent expenditures must also be summarized on Schedule D.
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I D. NUMBER)

Schedule E Summary

- 1. Itemized payments made this period. (Include all Schedule E subtotals.).....
- 2. Unitermized payments made this period of under \$100......
- 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......
- FPPC Advice: advice@fppc.ca.gov (866/275-3772) FPPC Form 460 (Jan/2016)) www.fppc.ca.gov

\$ 0.00 \$ 69.17

0.00